



# TOWN OF SMITHTOWN

## Personnel Department

Eileen K. Tropea, Town Personnel Officer

65 Maple Avenue, Smithtown, NY 11787

360-7626 ~ Fax 360-7640

personnel@tosgov.com

### APPLICATION FOR FULL-TIME EMPLOYMENT

POSITION APPLIED FOR:

DEPARTMENT:

#### 1. NAME AND RESIDENCE:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

2. ARE YOU AT LEAST 18 YEARS OF AGE? ☐ YES ☐ NO

3. ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? ☐ YES ☐ NO  
(PROOF OF ELIGIBILITY WILL BE REQUIRED PRIOR TO COMMENCEMENT OF EMPLOYMENT)

4. HAVE YOU PREVIOUSLY WORKED FOR THE TOWN OF SMITHTOWN? ☐ YES ☐ NO

IF YES, PLEASE LIST DATES: \_\_\_\_\_

#### 5. EDUCATION

A. HAVE YOU GRADUATED FROM SENIOR HIGH SCHOOL? ☐ YES ☐ NO  
IF YES, COMPLETE NAME AND LOCATION.

NAME OF SCHOOL: \_\_\_\_\_ LOCATION: \_\_\_\_\_

B. IF YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA, INDICATE: \_\_\_\_\_  
ISSUING AUTHORITY

C. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL INDICATE HIGHEST SCHOOL YEAR

COMPLETED:

☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11

#### 6. LIST EACH COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL ATTENDED.

Full Name of School State/City in which located	Dates of Attendance (Month & Year)	Were You Graduated?	Type of Course of Major Subject	Number of Credits Rec'd To Date	Type of Degree	Date Degree Received

**7. LIST EACH TECHNICAL SCHOOL OR SPECIAL COURSES ATTENDED.**

Full Name of School State/City in which located	Dates of Attendance (Month & Year)	Type of Course or Major Subject	Number of Hours Attended	Did you successfully complete this course?

**8. DRIVER'S LICENSE: Indicate the class of your New York State Motor Vehicle License:**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ A ☐ B ☐ C ☐ D ☐ E ☐ M

Date of Expiration \_\_\_\_\_

**9. LICENSES: IF A LICENSE, CERTIFICATE OR OTHER AUTHORIZATION TO PRACTICE A TRADE OR OR PROFESSION IS A REQUIREMENT FOR THE POSITION FOR WHICH YOU ARE APPLYING, COMPLETE THE FOLLOWING QUESTION:**

Name of Trade or Profession:	License Number	Granted by (licensing agency)	City or State
Specialty	Date License First Issued	Registered From:	To:

**10. EXPERIENCE - EMPLOYMENT HISTORY**

LIST ALL EMPLOYMENT FOR THE PAST TEN YEARS OR ATTACH RESUME. LIST MOST RECENT EXPERIENCE FIRST.

A. LENGTH OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME AND ADDRESS OF FIRM \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ ANNUAL SALARY \$ \_\_\_\_\_ # HRS. WORKED PER WEEK \_\_\_\_\_

YOUR EXACT TITLE \_\_\_\_\_ DUTIES \_\_\_\_\_

NAME OF YOUR SUPERVISOR \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

B. LENGTH OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME AND ADDRESS OF FIRM \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ ANNUAL SALARY \$ \_\_\_\_\_ # HRS. WORKED PER WEEK \_\_\_\_\_

YOUR EXACT TITLE \_\_\_\_\_ DUTIES \_\_\_\_\_

NAME OF YOUR SUPERVISOR \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

C. LENGTH OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME AND ADDRESS OF FIRM \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ ANNUAL SALARY \$ \_\_\_\_\_ # HRS. WORKED PER WEEK \_\_\_\_\_

YOUR EXACT TITLE \_\_\_\_\_ DUTIES \_\_\_\_\_

NAME OF YOUR SUPERVISOR \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**11. DO YOU NEED SPECIAL ACCOMMODATIONS TO PERFORM THE DUTIES OF THIS POSITION?**

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE DESCRIBE THE TYPE OF ASSISTANCE YOU REQUIRE.

**12. a. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (FELONY OR MISDEMEANOR)?** ☐ YES ☐ NO

**b. HAVE YOU EVER FORFEITED BAIL BOND POSTED TO GUARANTEE YOUR APPEARANCE IN COURT TO ANSWER TO ANY CRIMINAL CHARGE?** ☐ YES ☐ NO

**c. WERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS?** ☐ YES ☐ NO

**d. DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL?** ☐ YES ☐ NO

**e. DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES WHICH WAS ISSUED UNDER OTHER THAN HONORABLE CIRCUMSTANCES?** ☐ YES ☐ NO

**IF YOU ANSWERED YES TO ANY PART OF QUESTION 10 YOU MUST GIVE SPECIFICS BELOW:**

**AFFIRMATION**

I DECLARE, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS MADE IN THIS APPLICATION (INCLUDING STATEMENTS MADE IN ANY ACCOMPANYING PAPERS) HAVE BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE AND CORRECT. I FURTHER REQUEST AND AUTHORIZE ANY FORMER OR PRESENT EMPLOYER, MILITARY RECORDS CENTER, POLICE, PAROLE AND PROBATION AGENCIES AND FORMER SCHOOL TO PROVIDE TO THE TOWN OF SMITHTOWN ANY AND ALL INFORMATION INCLUDING, BUT NOT LIMITED TO, INFORMATION AS TO MY CHARACTER, HABITS, WORK ABILITY AND/OR EDUCATION. IN CONSIDERATION OF COMPLIANCE WITH THIS REQUEST, I HEREBY RELEASE AND DISCHARGE SAID INSTITUTIONS FROM ANY CLAIMS, LIABILITIES OR DAMAGES.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

STATE FORMER NAME(S) BY WHICH YOU HAVE BEEN KNOWN: \_\_\_\_\_

THE TOWN OF SMITHTOWN DOES NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, AGE, MARITAL STATUS OR SEXUAL PREFERENCE.